FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 730110

VALENCIA COMMUNITY COLLEGE FOUNDATION, INC.

Principal Place of Business 190 SOUTH ORANGE AVENUE P.O. BOX 3028 ORLANDO FL 32802

2. Principal Place of Business

Suite, Apt, #, etc.

City & State

22

Mailing Address

2a. Mailing Address

City & State

Suite, Apt. #, etc.

26

27

190 SOUTH ORANGE AVENUE P.O. BOX 3028 ORLANDO FL 32802

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90034 031 ****61.25



3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

07/01/1974

23-7442785

4. FEI Number

23			28				J. Oeraic	A 10 01	Otatos Desireo		'Fee Red	uired	
Zip	Country			Zip Country			6. Election	n Carr	paign Financing	П	\$5.00 h		
24	25		29	30	<u>1</u>				Contribution		Added to	Fees	
Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
					81	Name							
Woodbury, Kenneth B. J 190 South Orange Avenue. Orlando Fl 32801						Street	Address (P.O. Bo	x Numl	ber is Not Accepta	sble)			
					84	City			•		85 Zip C	ode	
						,		_	,	<u>Fl</u>	-		
office or r	egistered agent.	or both, in the State of	Flor	617.1508, Florida Statutes, ida. Such change was auth f, Section 617.0503, Florida	orized by	the corpo	oration's poard of	airecto	rs. i nereby accep	or me appu	ınımenı as reg	egistered istered	
SIGNATURE		16 M	_	shurs)		Ker	nneth B.	MOG	odbury	1 /	27/99		
12.	-Signature, poed or pri	of the contract of the contrac			gistered Ager	ı sıgnatufê i	required when reinstating ADDITI		HANGES TO OF			RS IN 12	
TITLE	CD	OF FIGERS AND	UIR	DELETE	1.1 TITLE		T				Change	Addition	
NAME	MAGUIRE, RA	YMER III		<u></u>	1.2 NAME		Preside		Vannath	ъ		X	
STREET ADDRESS	SEC FLOT DOCUMENT #40FG					ADDRESS			Kenneth		_,	. 1	
	ORLANDO FL		•		1.4 CITY-S				Orange		ie .		
CITY-ST-ZIP	SD	<u> </u>		☐ DELETE	2.1 TITLE	1-21	 Orlando	, 	FL 3280	1	Change	☐ Addition	
NAME	FULLER, A. G	FORGE		_	2.2 NAME							ŀ	
STREET ADDRESS	434 NORTH 1					ADDRESS							
	ORLANO FL	IVANI V VAE			2.4 CITY-S				_				
CITY-ST-ZIP	TD			☐ DELETE	3.1 TITLE					<u> </u>	☐ Change	Addition	
NAME	MANNING, EI	NWARD J		_	3.2 NAME						-		
STREET ADDRESS					3.3 STREE	ADDRESS			3			.	
CITY-ST-ZIP	ORLANDO FL				3.4. CITY- S							.	
TITLE	ONE WOOTE	. 00001		☐ DELETE	4.1 TITLE	,		_		_	Change	Addition	
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NAME					5.2 NAME							j	
STREET ADDRESS					5.3 STREE	TADDRESS					. <i>:</i>		
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TITLE				[] DELETE	6.1 TITLE						Change	☐ Addition	
NAME					6.2 NAME								
STREET ADDRESS	1				6.3 STREE	ADDRESS				•			
CITY-ST-ZIP					6.4 CITY-S	T-ZIP							
	•								E3 11 01 1 1		-116 . 41 - 4 Ab - 1-	f	

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes or on an attachment with an address, with all other like empowered.

EQU/REKenneth B. Woodbury

Applied For

\$8.75 Additional

Fee Required

Not Applicable